

AGOURA HIGH SCHOOL Former Student Transcript Request Form

STUDENT'S NAME _____ Date of Birth _____

Person requesting transcript _____
(Only a parent or student can request a transcript)

FORMER STUDENT: Year Graduated _____ or Year Withdrawn _____

of Official* (sealed) _____ # of Unofficial _____

*The envelope in which you receive an official transcript must remain sealed.

Signature _____ Date _____

Phone Number (required) _____

Allow up to 3 days for processing.

We do not mail transcripts internationally.

- If you are picking up your transcript you may email this completed form along with your phot ID to: lgoryoka@lvusd.org.
- Please be prepared to show your photo ID (ex. Driver's license) when picking up your transcript.
- If you do not live here and would like your transcript mailed to you or a school, please include the mailing information below. Please keep in mind that if you have a parent/guardian who can pick up the transcript it will be quicker to get it to your destination. Mailing will depend on the U.S Post Office timing as well as Agoura High School's holiday/break schedule.

Address to: _____

Address: _____

Email for Unofficial transcripts _____

Office Use: Date prepared _____ Prepared by _____